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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 060800001		CITY O	R TOWN	LEOMINS	ΓER
APPLICATION FOR	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS	S			YEAR
LICENSEE NAME:	O'MYK'S INC.					
DOING BUSINESS	A THE TANKARD T	O O'Myk'S IN	NC .			
ADDRESS 13 CENT	ΓRAL ST.					
CITY/TOWN: LEO	OMINSTER	STATE:	MA ZIP	CODE:	01453	
MANAGER: PAQ	UIN,JOSEPH TYPE	E OF LICENSI	E:General on premise	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL ADDRE	SS		
	LICENSED PREMISE					
ONE TAP ROOM,O STOCK	NE DINING ROOM A	AND ONE KIT	TCHEN ON F	IRST FLO	OR. CELLAF	R FOR
I hereby certify and s	swear under penalties o	of perjury that:				
1. the renew	red license will be of th	e same type fo	or the same pre	mises now	licensed;	
2. the license	ee has complied with a	ll laws of the C	Commonwealtl	h relating to	taxes; and	
3. the premis	ses are now open for b	usiness (If not	explain below	)		
SIGNED BY	T 12 1 1 D 4	A .1 . 1.0	7			
	Individual, Partner o	r Autnorizea C	Lorporate Offic	cer		
DATE:				EMBLOVED	IDENTIFICATE	ION MUMBER
DATE.	TELEPHONE	NUMBER:	(No			ION NUMBER: ecurity Number)
						,
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the	head of the fi	ire departr	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	uii <i>)</i>					
DATE:						



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LICENSE NUMBER: 060800003	C	ITY OR TOWN	LEOMINSTER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LEOMINSTER CRIS DOING BUSINESS A	STINA, INC.		
ADDRESS 314 CENTRAL ST.			
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE:	01453
MANAGER: VALERI, DAVID A. TYPE	OF LICENSE: Restar	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE		L ADDRESS	
TWO STORY BLDG,FIRST FLOOR HAS FOR LIQUOR AND ONE SERVICE BAR, ENTRANCE AND TWO EXITS. 2ND FLE BAR,COATROOM,OFFICE AND RESTR	STORAGE AREA A R HAS PRIVATE DII	ND RESTROOM NINGROOM AN	S . MAIN
I hereby certify and swear under penalties of			
1. the renewed license will be of the	• •	-	
2. the licensee has complied with a		<u> </u>	taxes; and
3. the premises are now open for bu	usiness (ii not expiain	below)	
SIGNED BY Individual, Partner of	r Authorized Corpora	te Officer	
	r Authorized Corpora	te Officer	
Individual, Partner of			IDENTIFICATION NUMBED.
		EMPLOYER	IDENTIFICATION NUMBER:
Individual, Partner of	NUMBER: n possession (1) the cector and the head o	EMPLOYER (Note: NOT Indestificate requires	ed by Chapter 304 of the nent for the above
DATE: TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insponamed license and (2) the certificate of li	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER (Note: <b>NOT</b> Indestriction requires the fire department of	ed by Chapter 304 of the nent for the above
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER (Note: <b>NOT</b> Indestriction requires the fire department of	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER (Note: NOT Indestrificate requires for the fire department of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER (Note: NOT Indestrificate requires for the fire department of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER (Note: NOT Indestrificate requires for the fire department of the fire department	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts



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LICENSE NUI	MBER: 060800004		CITY OR TOWN	LEOMINSTER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	AME: IL CAMINO R NESS A	ESTAURANT, INC.		
ADDRESS 555	5 CENTRAL ST.			
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE:	01453
MANAGER:	DAIGNEAULT, JOHN P.	TYPE OF LICENSE:	Restaurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
	N OF LICENSED PRE			
	CONSISTING OF TW SE ROOMS,RESTROO		OUNGE, KITCHEN	WITH SERVICE
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for t	he same premises now	licensed;
2. the	licensee has complied	with all laws of the Cor	mmonwealth relating to	o taxes; and
3. the	premises are now open	for business (If not ex	plain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Cor	porate Officer	
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Ind	lividual Social Security Number)
	signed, attest that we signed by the building		_	ed by Chapter 304 of the
				Chapter 116 of the Acts
Please Check Belo	MV?		10011 110777	
APPROVED:	<u></u>		By:	SING AUTHORITY
DISAPPROVE	ED:		Бу.	
(If disapproved	l explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 060800005		CITY	OR TOWN	LEOMINS	TER
APPLICATION FOI	R RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS		ONE'S RESTAURAN	T			
ADDRESS 616 CEN	TRAL ST.					
CITY/TOWN: LEC	MINSTER	STATE: M	A ZI	P CODE:	01453	
MANAGER: MON DAN		ΓΥΡΕ OF LICENSE:	Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOU	R EMAIL ADDI	RESS		_
DESCRIPTION OF	LICENSED PRE	MISES:				
	X 30, SECONDA	FING OF A LOUNGI ARY DINING ROOM				
3. the premi SIGNED BY		for business (If not extended the control of the co				
DATE:	TELEPH	ONE NUMBER:	(1			TION NUMBER: Security Number)
Acts of 2004, signed	d by the building	are in possession (1) g inspector and the he e of liquor liability in	ead of the	fire depart	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOC By:	AL LICEN	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 060	800006		C	TITY OR TO	WN L	EOMINS'	TER
APPLICATION FOR REN	NEWAL:	Annu	al	LI	CENSE	D FOR 20	013
		CLAS	SS				YEAR
LICENSEE NAME: TGI	FRIDAY'S INC	C.					
DOING BUSINESS A TO	GI FRIDAY'S						
ADDRESS HARVARD S	TREET & ORC	HARD PARI	C DRIVE				
CITY/TOWN: LEOMIN	STER	STATE:	MA	ZIP COD	E: (	01453	
MANAGER: CARTER, MAUREE		E OF LICEN	SE:Resta	urant	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE	E ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICE							
FREESTANDING 5800 S EXIT/ENTRANCE AND					IN FRO	NT, SIDE	
I hereby certify and swear	under penalties	of perjury tha	t:				
1. the renewed lic	ense will be of the	he same type	for the sa	me premises	now lic	ensed;	
2. the licensee has	s complied with	all laws of the	Commo	nwealth relat	ting to ta	xes; and	
3. the premises are	e now open for b	ousiness (If no	ot explain	below)			
SIGNED BY							
Ind	ividual, Partner o	or Authorized	l Corpora	te Officer			
DATE:	TELEPHONE	E NUMBER:					ION NUMBER:
				(Note: NO	<u><b>DT</b></u> Individ	ual Social S	ecurity Number)
We the undersigned, atto Acts of 2004, signed by t named license and (2) th of 2010.	he building insp	pector and th	ne head o	f the fire de	partmei	nt for the	above
Please Check Below:				LOCAL LIC	CENSIN	G AUTHO	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 060800007		CITY OR TOW	N LEOMINS	TER
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SOUTH LEOMINSTI	ER LOUNGE C	ORP		
DOING BUSINESS	A CLUB FORTE				
ADDRESS 1030 CE	NTRAL ST.				
CITY/TOWN: LEC	OMINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: SHIE P.	ELDS, CAROL TYPE	OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMISES				
	'ING OF LOUNGE WI' AND KITCHEN, REST			GE AREA, FUI	NCTION
I hereby certify and s	swear under penalties of	perjury that:			
	red license will be of the		_		
	ee has complied with all			ng to taxes; and	
3. the premi	ses are now open for bu	siness (If not ex	plain below)		
CICNED DV					
SIGNED BY	Individual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of lig	ctor and the he	ad of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	nin)				
(11 disappioved expla	<i>)</i>				_
DATE:					



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LICENSE NUM	BER: 060800010		CIT	Y OR TOWN	LEOMINS	ΓER
APPLICATION	FOR RENEWAL:	Annu	ıal	LICENS	SED FOR 20	13
		CLA	SS		,	YEAR
LICENSEE NAM	ME: CHOPSTICKS	REST. OF LEON	AINSTER II	NC.		
DOING BUSINE	ESS A					
ADDRESS 21 C	OMMERCIAL RD.					
CITY/TOWN:	LEOMINSTER	STATE:	MA	ZIP CODE:	01453	
MANAGER: V	VU, ARTIE	ΓΥΡΕ OF LICEN	SE: Restaura	ant CA	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL A	DDRESS		
DESCRIPTION	OF LICENSED PREI	MISES:				
	LDG WITH DINING IREE EXITS AND O				MAIN	
I hereby certify a	and swear under penal	ties of perjury tha	ıt:			
	newed license will be			_		
	censee has complied v			· ·	taxes; and	
3. the pr	remises are now open	for business (If no	ot explain be	elow)		
SIGNED BY						
SIGNED B I	Individual, Part	ner or Authorized	l Corporate	Officer		
DATE:	TELEPH(	ONE NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
				(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, sig	gned, attest that we a gned by the building and (2) the certificate	inspector and tl	he head of t	he fire departn	nent for the	above
Please Check Below	<u>:</u>		LC	OCAL LICENS	ING AUTHO	ORITY
APPROVED:			Ву	<b>y:</b>		
DISAPPROVED (If disapproved e						
(11 disappioved e	Apiani)					
DATE:						
APPLICATION FOR R	ENEWAL MUST BE FILED E	BY LICENSEES DURIN	G THE MONTH	OF NOVEMBER (M.	G.L. Ch. 138 \$ 16	A)



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LICENSE NUM	MBER: 060800011		CITY C	OR TOWN	1 LEOMINS	ΓER
APPLICATION	N FOR RENEWAL:	Annual		LICE	NSED FOR 20	)13
		CLASS				YEAR
LICENSEE NA	AME: LEOMINSTER SPOR	RTSMENS AS	SSOCIATION	N INC.		
DOING BUSIN	NESS A					
ADDRESS 145	55 ELM ST.					
CITY/TOWN:	LEOMINSTER	STATE: N	MA ZIP	CODE:	01453	
MANAGER:	BELCHER, JAMES TYPE	OF LICENSE	E:Club	(	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YO	OUR EMAIL ADDRI	ESS		
	N OF LICENSED PREMISES					
	CILITIES,BAR SERVICE AI ALSO TWO SIDE ENTRAN			E ROOM,	RESTROOMS	S, MAIN
I hereby certify	and swear under penalties of	perjury that:				
1. the	renewed license will be of the	same type for	r the same pro	emises no	w licensed;	
2. the 1	licensee has complied with all	l laws of the C	Commonwealt	th relating	to taxes; and	
3. the 1	premises are now open for bu	siness (If not	explain belov	v)		
SIGNED BY	Indicidual Destruction	A41:				
	Individual, Partner or	Aumorizea C	orporate Offi	icer		
DATE:			L	EMDI OVI	ER IDENTIFICAT	ION NI IMPED.
DITTE.	TELEPHONE I	NUMBER:	(N		ndividual Social S	
Acts of 2004, s	signed, attest that we are in signed by the building inspe and (2) the certificate of lic	ctor and the	head of the f	fire depar	tment for the	above
of 2010.						
Please Check Belo	<u>w:</u>		LOCA	AL LICEN	ISING AUTHO	ORITY
APPROVED: DISAPPROVE			By:			
(If disapproved	·					
. 11	• ′					
DATE:						



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LICENSE NUM	MBER: 060800015		CITY OR TOWN	LEOMINSTER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
DOING BUSIN	AME: GONDOLA INC NESS A B LANCASTER ST.	CLASS		YEAR
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE:	01453
MANAGER:	WOOD, T MARGARET	YPE OF LICENSE:Re	staurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
ONE FLOOR A	N OF LICENSED PREM AND CELLAR,DINING OCKTAIL LOUNGE, TV	ROOM AND KITCH	EN,CELLAR FOR	E ADJOINING
2. the l	renewed license will be of licensee has complied we premises are now open f	ith all laws of the Com	monwealth relating to	
	marviduai, i aru	ici of Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004,	signed by the building	inspector and the head	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060800016	C	TY OR TOWN	LEOMINSTER
APPLICATION FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: KNIGHTS OF	COLUMBUS COUNCIL #4	406	
DOING BUSINESS A			
ADDRESS 484 LANCASTER ST.			
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE:	01453
MANAGER: Somma, Roger	TYPE OF LICENSE: Club	CA	ΓEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
FOUR ROOMS AND ONE BANQU	ET HALL ON MAIN FLOO	OR, CELLAR FOR	RSTORAGE
I hereby certify and swear under penal	lties of perjury that:		
1. the renewed license will be	e of the same type for the same	ne premises now li	censed;
2. the licensee has complied v	with all laws of the Commor	wealth relating to	taxes; and
3. the premises are now open	for business (If not explain	below)	
SIGNED BY Individual, Par	tner or Authorized Corporat	e Officer	
DATE: TELEPH	ONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head of	the fire departme	ent for the above
Please Check Below:	]	LOCAL LICENSIN	NG AUTHORITY
APPROVED:	]	Ву:	
DISAPPROVED:			
(If disapproved explain)			



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LICENSE NUMBER	:060800017		CITY OR TOWN LEOM	INSTER
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	ROBERT ANTHON	NY CORNETTA		
DOING BUSINESS	A MIRANDA'S PUE	3		
ADDRESS 488 LAN	CASTER ST.			
CITY/TOWN: LEO	MINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: CORN RT A	NETTA,ROBE TYP	E OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
			CK ROOMS, LOUNGES W FORAGE ROOM OFF KIT	
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the	same premises now licensed	l;
2. the license	e has complied with	all laws of the Comn	nonwealth relating to taxes;	and
3. the premis	es are now open for l	business (If not expla	in below)	
				_
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed	by the building ins	pector and the head	e certificate required by Cl of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	in)		-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 060800018		CITY OR TOWN	LEOMINSTER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	NORTH MA	IN STREET RESTAU	RANT, INC.	
DOING BUSINESS	A HAPPY JA	CK'S		
ADDRESS 785 NOI	RTH MAIN ST	•		
CITY/TOWN: LEC	OMINSTER	STATE: M	ZIP CODE:	01453
MANAGER: COT	E, ROSS M.	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF				
		DINING ROOM, KITO PATIO DINING AREA	CHEN AND BAR ARE a. 18X71'	EA. FOUR
I hereby certify and s	swear under per	nalties of perjury that:		
1. the renew	ved license will	be of the same type for	the same premises now	licensed;
	-		ommonwealth relating t	o taxes; and
3. the premi	ses are now ope	en for business (If not e	xplain below)	
SIGNED BY				
SIGNED BY	Individual, P	artner or Authorized Co	orporate Officer	
SIGNED BY	Individual, P	artner or Authorized Co	orporate Officer	
SIGNED BY	Individual, P	artner or Authorized Co	orporate Officer	
SIGNED BY  DATE:		artner or Authorized Co	EMPLOYE	R IDENTIFICATION NUMBER:
			EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
DATE:  We the undersigne Acts of 2004, signed	TELEF d, attest that w d by the buildi	PHONE NUMBER:  we are in possession (1)  ng inspector and the l	EMPLOYEI (Note: <u>NOT</u> Ind ) the certificate requir nead of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
DATE:  We the undersigne Acts of 2004, signernamed license and	TELEF d, attest that w d by the buildi	PHONE NUMBER:  we are in possession (1)  ng inspector and the l	EMPLOYEI (Note: <u>NOT</u> Inc.) ) the certificate required by	ed by Chapter 304 of the ment for the above
DATE:  We the undersigne Acts of 2004, signer named license and of 2010.  Please Check Below:  APPROVED:	TELEF d, attest that w d by the buildi	PHONE NUMBER:  we are in possession (1)  ng inspector and the l	EMPLOYEI (Note: <u>NOT</u> Inc.) ) the certificate required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signer named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEF d, attest that w d by the buildi (2) the certific	PHONE NUMBER:  we are in possession (1)  ng inspector and the l	EMPLOYEI (Note: NOT Inc.) the certificate required of the fire departed by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signer named license and of 2010.  Please Check Below:  APPROVED:	TELEF d, attest that w d by the buildi (2) the certific	PHONE NUMBER:  we are in possession (1)  ng inspector and the l	EMPLOYEI (Note: NOT Inc.) the certificate required of the fire departed by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signer named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEF d, attest that w d by the buildi (2) the certific	PHONE NUMBER:  we are in possession (1)  ng inspector and the l	EMPLOYEI (Note: NOT Inc.) the certificate required of the fire departed by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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	CITY OR TOWN LEOMIN	NSTER
Annual	LICENSED FOR	2013
CLASS		YEAR
STATE: MA	ZIP CODE: 01453	
TYPE OF LICENSE: Clul	CATEGORY	Y: All Alcohol
OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	<u></u>
EMISES:		
	S AND ONE STORAGE ROO	OM WITH
alties of perjury that:		
be of the same type for the	same premises now licensed;	
l with all laws of the Comm	onwealth relating to taxes; an	d
en for business (If not expla	in below)	
	0.00	
artner or Authorized Corpo	rate Officer	
HONE NUMBER:		
	(110te) 1101 marviduai Socia	in Security Transper)
ng inspector and the head	of the fire department for the	he above
	LOCAL LICENSING AUT	HORITY
	By:	
	CLASS ER OF EAGLES LEOMING AL ORDER OF THE EAGL STATE: MA STATE: MA TYPE OF LICENSE: Club OUR WEBSITE AND ENTER YOUR EM EMISES: NE HALL, EIGHT ROOMS E BAR IN AUDITORIUM nalties of perjury that: be of the same type for the self with all laws of the Comment for business (If not explain artner or Authorized Corporation of the Comment of the Self with all laws of the Comment for business (If not explain artner or Authorized Corporation of the NUMBER: The are in possession (1) the length inspector and the head	Annual LICENSED FOR CLASS  ER OF EAGLES LEOMINSTER AERIE #477, INC. AL ORDER OF THE EAGLES  STATE: MA ZIP CODE: 01453 TYPE OF LICENSE: Club CATEGORY  OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  EMISES:  NE HALL, EIGHT ROOMS AND ONE STORAGE ROO  B BAR IN AUDITORIUM  nalties of perjury that:  be of the same type for the same premises now licensed; d with all laws of the Commonwealth relating to taxes; an en for business (If not explain below)  artner or Authorized Corporate Officer  HONE NUMBER: EMPLOYER IDENTIFIC (Note: NOT Individual Social received in the properties of the same of the properties of the same of t



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LICENSE NUMBER	:060800021		CITY OR	TOWN	LEOMINS	TER
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	WEATHERV	ANE SEAFOODS				
DOING BUSINESS	A WEATHER	VANE SEAFOODS				
ADDRESS 1290 MA	IN ST.					
CITY/TOWN: LEO	MINSTER	STATE: M	A ZIP C	ODE:	01453	
MANAGER: JOSE	PH, JODY	TYPE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF I						
		R/CASHIER AREA,3 D OM WITH SERVICE B		A KITCH	EN PREP Al	REA
I hereby certify and s	wear under per	nalties of perjury that:				
1. the renewe	ed license will	be of the same type for	the same prem	ises now	licensed;	
2. the license	e has complied	d with all laws of the Co	mmonwealth	relating to	taxes; and	
3. the premis	es are now ope	en for business (If not ex	xplain below)			
SIGNED BY	Individual D	artner or Authorized Co	vrnorate Office	r		
	marviduai, i	artifer of Authorized Co	rporate Office	1		
DATE:			E	MDI OVED	IDENTIFICAT	ION NUMBER:
211121	TELEP	PHONE NUMBER:				ecurity Number)
		ve are in possession (1) ng inspector and the h				
		ate of liquor liability in				
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	in)					
DATE:						
APPLICATION FOR RENEW	'AL MUST BE FILE	D BY LICENSEES DURING TH	E MONTH OF NO	VEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 060800023		CITY OR TOWN LEOMIN	NSTER
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: KONA EN	TERPRISES, INC.		
DOING BUSINESS A CAPTAIN	N'S LOUNGE		
ADDRESS 1536 MAIN ST.			
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: ESPINOLA, CHRISTOPHER	TYPE OF LICENSE: Ger	neral on CATEGOR'	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED I	PREMISES:		
ONE FLOOR WITH BAR AND A STORAGE. OUTDOOR PATIO	A DINING AREA. ONE RO	OM FOR STOCK AND CEL	LAR FOR
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	same premises now licensed;	
2. the licensee has compli	ied with all laws of the Comn	nonwealth relating to taxes; an	ıd
3. the premises are now o	pen for business (If not expla	in below)	
SIGNED BY			
Individual,	Partner or Authorized Corpo	rate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Soci	al Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certif of 2010.	ding inspector and the head	l of the fire department for t	the above
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			



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LICENSE NUMBER: 06	50800024		CITY OR TOWN	1 LEOMINS	TER
APPLICATION FOR RI	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: J.O	C. FENWICK'S PU	B, INC.			
DOING BUSINESS A	ΓINKUMS				
ADDRESS 37 MECHAI	NIC ST.				
CITY/TOWN: LEOMI	NSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: PLANT,	WM. J. JR. TYPE	OF LICENSE: Res	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISES	S:			
ONE DINING ROOM A	AND ONE KITCHE	N ON FIRST FLO	OOR, CELLAR FO	R STOCK	
I hereby certify and swea	ar under penalties of	perjury that:			
1. the renewed l	license will be of the	same type for the	same premises nov	w licensed;	
2. the licensee h	nas complied with all	l laws of the Comr	nonwealth relating	to taxes; and	
3. the premises a	are now open for bu	siness (If not expla	ain below)		
SIGNED BY					
In	ndividual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the understand of	44.04 41.04 0	(1) 4h	4:6:4	and has Cham4	204 of 4h o
We the undersigned, at Acts of 2004, signed by					
named license and (2) t					
of 2010.					
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
D.A.TEL					
DATE:					
APPLICATION FOR RENEWAL	MUST BE FILED BY LICE	NSEES DURING THE M	ONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060800025		(	II Y OK TOW	IN LEOMINS	IEK
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLA	SS			YEAR
DOING BUSINESS A		ILA CANTINA	, INC			
ADDRESS 018-20 CE		CT A TE	3.6.4	ZID CODE	01452	
CITY/TOWN: LEOM		STATE:	MA	ZIP CODE		
MANAGER: Longtin	n, Joshua TY	PE OF LICEN	SE: Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LI full service restaurant			YOUR EMA	IL ADDRESS		
2. the licensee	ear under penaltic I license will be o has complied with s are now open fo	f the same type th all laws of the	for the sa	nwealth relatir		
SIGNED BY	Individual, Partne	er or Authorized	l Corpora	te Officer		
DATE:	TELEPHO	NE NUMBER:			YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building i	nspector and tl	ne head o	of the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 0	60800026		CITY OR	IOWN	LEUMINS	IEK
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: R	OMEBEAU, INC	C.				
DOING BUSINESS A	THE COLUMBI	A TAVERN				
ADDRESS 11 MERRIA	AM AVE.					
CITY/TOWN: LEOM	INSTER	STATE: MA	ZIP CO	DDE:	01453	
MANAGER: ANDRE	EW ROME TY	PE OF LICENSE: (	General on oremise	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	R EMAIL ADDRESS			_
DESCRIPTION OF LIC	CENSED PREMI	SES:				
TWO ROOMS AND K	ITCHEN ON FIF	RST FLOOR,CELL	AR FOR STO	CK		
I hereby certify and swe	ar under penaltie	s of perjury that:				
1. the renewed	license will be of	f the same type for the	he same premi	ses now	licensed;	
2. the licensee	has complied with	h all laws of the Cor	mmonwealth r	elating to	taxes; and	
3. the premises	are now open for	r business (If not ex	plain below)			
I DATE:		r or Authorized Cor			IDENTIFICATI	NOW AN IMPER
DATE.	TELEPHON	NE NUMBER:				TON NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	spector and the he	ad of the fire	departi	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)	1					
DATE:						
APPLICATION FOR RENEWAL	. MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOV	EMBER (M	.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBER: 060	0800028		CITY OR TOWN LEOM	INSTER
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME: FR	ESHNESS, INC.			
DOING BUSINESS A B	ORDER GRILL	& BAR		
ADDRESS 246 MILL ST	Γ.			
CITY/TOWN: LEOMIN	NSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: COCCI, V D.	WILLIAM TYPI	E OF LICENSE: Res	staurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:				
PLEAS	SE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICE	ENSED PREMISI	ES:		
	CES AND EXITS	S. OUTSIDE FUNC	NGE WITH BAR AND STO TION ROOM WITH SERV ONY WITH BAR	
I hereby certify and swear	r under penalties o	of perjury that:		
1. the renewed li	cense will be of the	ne same type for the	same premises now licensed	;
	-		nonwealth relating to taxes; a	and
3. the premises a	re now open for b	ousiness (If not expla	nin below)	
SIGNED BY Inc	dividual, Partner o	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed by	the building insp	pector and the head	e certificate required by Ch l of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiain)				
DATE:				



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LICENSE NU	MBER: 060800029		CITY OR TOWN LEOMINSTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
DOING BUSI		OCK COUNTRY CLUB	OF LEOMINSTER INC.
CITY/TOWN:	: LEOMINSTER	STATE: MA	ZIP CODE: 01453
MANAGER:	MICHELLE NOVAK	TYPE OF LICENSE: R	destaurant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
DESCRIPTIO	PLEASE ALSO VISITO N OF LICENSED PL	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS
<ol> <li>the</li> <li>the</li> </ol>	renewed license will licensee has complie	**	ne same premises now licensed; nmonwealth relating to taxes; and plain below)
SIGNED BY	Individual, I	Partner or Authorized Cor	porate Officer
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
Please Check Bel APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTHORITY By:
DATE:			
	D DENEWAL MUST DE EIL	ED DV I ICENSEES DUDING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	60800030		CITY OR TOWN LEOM	INSTER
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAME: A	APPLE NEW ENG	LAND LLC		
DOING BUSINESS A	APPLEBEE'S NE	EIGHBORHOOD GR	ILL & BAR	
ADDRESS 251 N. MA	IN STREET			
CITY/TOWN: LEOM	INSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: SULLIV G.	VAN, PAUL TYP	PE OF LICENSE: Res	taurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:				
PLE	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LIG				
LOUNGE, KITCHEN,	OFFICE, ENTRA	NCE WAY, RESTRO	OOMS. FRONT AND REAF	R ENTRY
				<del></del>
I hereby certify and swe	-			
		• •	same premises now licensed	
	•		nonwealth relating to taxes; a	ind
3. the premises	are now open for	business (If not expla	in below)	
SIGNED BY				
	ndividual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFI	ICATION NUMBER:
			(Note: NOT Individual Soc	cial Security Number)
We the undersigned	attest that we are	in nossession (1) the	certificate required by Ch	center 304 of the
Acts of 2004, signed b	y the building ins	spector and the head	of the fire department for	the above
named license and (2) of 2010.	the certificate of	liquor liability insu	rance required by Chapter	116 of the Acts
Please Check Below:				
APPROVED:			LOCAL LICENSING AU	THORITY
DISAPPROVED:			By:	
(If disapproved explain)	)			
DATE:				



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LICENSE NU	MBER: 060800031		CITY OR TOWN	LEOMINS	TER
APPLICATIO	N FOR RENEWAL	: Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: LEOMINST	TER LODGE OF ELKS B.P.	O.E. #1237 THE		
DOING BUSI	NESS A				
ADDRESS 13	4 NO. MAIN STRE	ET			
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER:	SCHRAWDER, BRENT	TYPE OF LICENSE: Clu	b C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
	N OF LICENSED P				
		AND 6 ROOMS ON FIRST N THE FIRST FLOOR	FLOOR, ALSO A	N ADDITION	NAL
		enalties of perjury that:			
1. the	renewed license wil	l be of the same type for the	same premises now	v licensed;	
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating	to taxes; and	
3. the	premises are now of	pen for business (If not expla	nin below)		
SIGNED BY					
	Individual,	Partner or Authorized Corpo	rate Officer		
DATE:	TELE	PHONE NUMBER:		R IDENTIFICAT	
			(Note: <u>NOT</u> In	dividual Social S	ecurity Number)
Acts of 2004,	signed by the build	we are in possession (1) the ling inspector and the head cate of liquor liability insu	l of the fire depart	ment for the	above
Please Check Belo			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	ı expiaiii)				
DATE:					



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LICENSE NUMBER: 060800032		CITY OR TOWN LEOMINSTER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: PMA BEVERAGE S DOING BUSINESS A FOUR POINTS HO			
ADDRESS 99 ERDMAN WAY			
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: FARIAS, SUZANNETYPE	E OF LICENSE: Innh	older CATEGORY: All Alcoh	ıol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
7 STORY BLDG WITH BASEMENT,EM LIQUOR STORAGE ROOM. 1ST FLR;7 I COATROOMS,2 DINING ROOMS,LOBE LOUNGE,KITCHEN,REGISTRATION A	MEETING ROOMS. BY,MAIN CONCOU	,MAIN BALL ROOM,11 SUITES,2 IRSE,COCKTAIL	
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the		=	
2. the licensee has complied with a		<u> </u>	
3. the premises are now open for b	usiness (If not explai	in below)	
SIGNED BY Individual, Partner of	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBE	 ∃R:
1221110112	1,011221	(Note: NOT Individual Social Security Numb	er)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp	_	of the fire department for the above	he
named license and (2) the certificate of li of 2010.		rance required by Chapter 116 of the Act	ts
		rance required by Chapter 116 of the Act  LOCAL LICENSING AUTHORITY	ts
of 2010.  Please Check Below:  APPROVED:			ts
of 2010.  Please Check Below: APPROVED:  DISAPPROVED:		LOCAL LICENSING AUTHORITY	ts
of 2010.  Please Check Below:  APPROVED:		LOCAL LICENSING AUTHORITY	ts
of 2010.  Please Check Below: APPROVED:  DISAPPROVED:		LOCAL LICENSING AUTHORITY	ts



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LICENSE NUMBER: 06	0800033		CITY OR TOV	WIN LEONIINS	SIEK
APPLICATION FOR RE	ENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: RA	ARE HOSPITAI	LITY INTERNATIO	NAL, INC.		
DOING BUSINESS A I	LONGHORN ST	TEAKHOUSE			
ADDRESS RTE 12 N. M	IAIN STREET				
CITY/TOWN: LEOMII	NSTER	STATE: MA	ZIP CODE	01453	
MANAGER: LAMOR JESSE L		PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMI	SES:			
FULL RESTAURANT F WITH A FULL SERVIC APPROX. 200 PEOPLE REAR ENTRY.	CE KITCHEN, D	OINING RM, BAR A	ND LOUNG E A	AREA; SEATIN	G
I hereby certify and swea	r under penaltie	s of perjury that:			
1. the renewed li	icense will be of	the same type for the	same premises	now licensed;	
2. the licensee h	as complied with	n all laws of the Com	nonwealth relati	ng to taxes; and	
3. the premises a	are now open for	business (If not expl	ain below)		
SIGNED BY	dividual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA	
			(Note: NO	Individual Social	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building in	spector and the hea	d of the fire dep	artment for the	e above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
(If disapproved explain)					
DATE:					



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LICENSE NUMBER:	060800036		CITY OR TOWN	I LEOMINS	TER
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GMRI,INC.				
DOING BUSINESS A	THE OLIVE GAR	RDEN ITALIAN RI	ESTAURANT #168	36	
ADDRESS HARVAR	D ST.& ORCHARI	O HILL			
CITY/TOWN: LEON	MINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: MULI S.	OOON, TAMI TYP	PE OF LICENSE: Re	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					1
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L					
7,685 SQ.FT. TUSCA W/MANUFACTURE EMULATE A TRUE	D STONE, WOOD				
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of t	the same type for the	e same premises no	w licensed;	
2. the licensee	e has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
D. 1. 27. 2					
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
			(Note: NOT 1	ndividual Social S	security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building ins	spector and the hea	nd of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explai	11)				
DATE:					



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LICENSE NUMBE	R: 060800037		CITY OR TOWN LEOMINSTER			
APPLICATION FO	R RENEWAL:	Annua	ıl	LICE	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	CLUB BOURGI	ET INCORPORA	TED			
DOING BUSINESS	Α					
ADDRESS 24 COL	UMBIA ST					
CITY/TOWN: LEG	OMINSTER	STATE:	MA	ZIP CODE:	01453	
MANAGER: BIG	ELOW, RANDYT	YPE OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:				
SECOND FLOOR OR ROOM, FRONT EN			MEETI	NG ROOM, LO	OUNGE AREA	A, POOL-
I hereby certify and	swear under penalt	ies of perjury that	:			
1. the renev	ved license will be	of the same type f	or the sar	ne premises no	ow licensed;	
2. the licens	see has complied w	ith all laws of the	Common	wealth relating	g to taxes; and	
3. the prem	ises are now open f	or business (If no	t explain	below)		
SIGNED BY	Individual, Partr	ner or Authorized	Corporat	e Officer		
DATE:	TELEPHO	ONE NUMBER:			ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	inspector and the	e head of	the fire depa	rtment for the	above
Please Check Below:			I	LOCAL LICE	NSING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVED: [ (If disapproved expl	ain)					
(11 disappioved expi	a111 <i>)</i>					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY	Y LICENSEES DURING	THE MONT	H OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NU	MBER: 060800038		CITY OR TOWN LEOM	INSTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE N	AME: LINDSEY-CORLI	SS INC.		
DOING BUSI	NESS A CHRISTOPHER	'S PUB		
ADDRESS 7	PLEASANT ST.			
CITY/TOWN	: LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER:	WHEELER, CLIFF TY		neral on CATEGOR emise	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	SES:		
ONE MAIN R	ROOM WITH BAR; ONE I	KITCHEN AND ONI	E STORAGE R	OOM.
I hereby certif	y and swear under penalties	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed	
2. the	licensee has complied with	all laws of the Comi	nonwealth relating to taxes; a	nd
3. the	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Ch d of the fire department for trance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	u expiaiii)			
DATE:			-	
APPLICATION FO	R RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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LICENSE NUMBER: 060800040	CITY C	OR TOWN	LEOMINST	ΓER
APPLICATION FOR RENEWAL: Ar	nual	LICENSED FOR 2		
CI	LASS		,	YEAR
LICENSEE NAME: REDBERRY RESTO BRANT DOING BUSINESS A PIZZA HUT	OS INT'L INC.			
ADDRESS 18 SACK BLVD				
CITY/TOWN: LEOMINSTER STATE	E: MA ZIP	CODE:	01453	
MANAGER: FOREST, DENNIS TYPE OF LICE J.	ENSE: Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRI	ESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE STORY BLDG,NO CELLAR, THREE ROOM FREEZER. SEATING CAPACITY 124. TWO ENT BACK ROOM				
I hereby certify and swear under penalties of perjury	that:			
1. the renewed license will be of the same ty	pe for the same pro	emises now	licensed;	
2. the licensee has complied with all laws of		_	taxes; and	
3. the premises are now open for business (I	not explain below	w)		
SIGNED BY Individual, Partner or Authoric	zad Comporato Off	ioor		
individual, Fatther of Authorn	zed Corporate Offi	icei		
DATE: TELEPHONE NUMBE	D.	EMPLOYER	IDENTIFICATI	ION NUMBER:
TEELI HOME WOMBE		lote: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liab of 2010.	I the head of the f	fire departn	nent for the	above
Please Check Below:	LOCA	AL LICENS	ING AUTHO	RITY
APPROVED:	By:			
DISAPPROVED:				
(If disapproved explain)				<del></del>
DATE:				



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LICENSE NUMBER:	060800041		CITY OR TOWN	LEOMINSTE	SR
APPLICATION FOR	RENEWAL:	Annual	LICENSE	ED FOR 2013	3
		CLASS		Y	EAR
LICENSEE NAME:	UNO RESTAURANT	TS, LLC			
DOING BUSINESS A	A uno chicago grill				
ADDRESS 905 MER	RIAM AVE				
CITY/TOWN: LEON	MINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: COLS TH	ON,ELIZABE TYPE	OF LICENSE: Res	taurant CAT	TEGORY: A	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	S:			
	T FLOOR,TWO ROOM N. BAR ON FIRST AN			TORAGE R	OOM
I hereby certify and sv	vear under penalties of	perjury that:			
1. the renewe	d license will be of the	same type for the	same premises now lic	censed;	
2. the license	e has complied with all	l laws of the Comm	nonwealth relating to t	axes; and	
3. the premise	es are now open for bu	siness (If not expla	in below)		
SIGNED BY					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE 1	NUMBER:		DENTIFICATIO	
			(Note: <u>NOT</u> Indivi	dual Social Secu	irity Number)
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of lig	ector and the head	of the fire departme	ent for the al	oove
Please Check Below:			LOCAL LICENSIN	IG AUTHOR	RITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					



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LICENSE NU	MBER: 060800045		CITY OR TOWN LEOMIN	NSTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: GRAND VII	EW GOLF COURSE INC.		
DOING BUSI	NESS A			
ADDRESS W	ACHUSETT ST. RF	D		
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER:	VACHON, EDMOUR O.	TYPE OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED P			
MAIN BLDG SCREENED I		HOUSE WITH BAR,KITC	CHEN AND STOCKROOM. A	LSO
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to taxes; ar	nd
3. the	premises are now op	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: <u>NOT</u> Individual Soci	ai Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	e certificate required by Cha d of the fire department for t arance required by Chapter 1	the above
Please Check Belo			LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a expiaiii)			
DATE:				



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LICENSE NUMBER: 060800046		CITY OR TOWN LEON	IINSTER
APPLICATION FOR RENEWAL:	Annual	LICENSED FC	OR 2013
	CLASS		YEAR
LICENSEE NAME: SEVEN R'S CAF	E INC.		
DOING BUSINESS A A & R'S DOUB	LE INN		
ADDRESS 166 WATER ST.			
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE: 01453	3
MANAGER: LEMOINE, AIME P. TY	PE OF LICENSE: Res	taurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
ONE MAIN ROOM WITH KITCHEN A	AND CELLAR FOR S	TORAGE	
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be of	f the same type for the	same premises now licensed	1;
2. the licensee has complied wit	h all laws of the Comn	nonwealth relating to taxes;	and
3. the premises are now open fo	r business (If not expla	in below)	
DATE.	er or Authorized Corpo	EMPLOYER IDENTII	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for	hapter 304 of the r the above
of 2010.			
Please Check Below: APPROVED:		LOCAL LICENSING AU	JTHORITY
DISAPPROVED:		By:	
(If disapproved explain)		-	
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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LICENSE NUM	MBER: 060800047		CITY OR TOW	N LEOMINS	TER
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	ME: FRANCO VETER	ANS' CLUB INC	2.		
DOING BUSIN	IESS A				
ADDRESS 300	WATER ST.				
CITY/TOWN:	LEOMINSTER	STATE: N	AA ZIP CODE:	01453	
MANAGER:	BLAIR, THOMAS TY	PE OF LICENSE	::Club	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDRESS		
	OF LICENSED PREMIS				
	MAIN ROOM,KITCHEN OMS. MAIN FLOOR; H			ITY ROOM AN	ID TWO
I hereby certify	and swear under penalties	s of perjury that:			
	enewed license will be of	• •	•		
	icensee has complied with			ig to taxes; and	
3. the p	oremises are now open for	business (If not o	explain below)		
CICNED DV					
SIGNED BY	Individual, Partner	or Authorized C	Corporate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, s	signed, attest that we are igned by the building in and (2) the certificate of	spector and the	head of the fire depa	artment for the	above
Please Check Belov	<u>w:</u>		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	Capium)				
					_
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING T	HE MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060800052		CITY OR TOW	N LEOMINS	IEK
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	GSN CORP.  DANDINI LIQUORS				
ADDRESS 1033 CEN	TRAL ST				
CITY/TOWN: LEON	MINSTER ST	CATE: MA	ZIP CODE:	01453	
MANAGER: DANI	OINI, STEVENTYPE OF	LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
PREMISES 40'X80' C EXITS.	ONSISTING OF ONE SA	ALESROOM,	ΓWO RESTROO	MS, FRONT &	REAR
	e has complied with all laves are now open for busine	ess (If not expl	ain below)	g to taxes; and	
DATE:	TELEPHONE NUI	MBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
DISAPPROVED: (If disapproved explai	 n)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 000800053		CITY OR TOWN LEON	IINSTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: DEPOT WIN	E & SPIRIT CORP		
DOING BUSI	NESS A RUSSELLS	PKG STORE		
ADDRESS 24	COLUMBIA ST			
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE: 01453	3
MANAGER:	BIGELOW, RANDY L.	TYPE OF LICENSE:P	ackage Store CATEGO	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
ONE ROOM F	FOR MAIN STORE,	BACK ROOM FOR STO	RAGE AND CELLAR FOR S	STOCK
2. the	licensee has complied	* *	ne same premises now licensed nmonwealth relating to taxes; plain below)	
SIGNED BY	Individual, P	artner or Authorized Corp	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual Sc	
Please Check Beld APPROVED: DISAPPROVE	ED:		LOCAL LICENSING AU By:	JTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060800056		CITY OR I	JWN L	COMINS	EK
APPLICATION FOR	RENEWAL:	Annual	Ι	ICENSED	FOR 20	13
		CLASS			•	YEAR
LICENSEE NAME: DOING BUSINESS A	LEOMINSTER LIQ					
ADDRESS 531 N MA	IN ST					
CITY/TOWN: LEON	MINSTER	STATE: MA	ZIP COI	DE: 0	1453	
MANAGER: MELC LUDO	, TYPE VIAN F.	OF LICENSE:	Package Store	CATE	EGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREMISE	S:				
ONE MAIN FLOOR I AND TWO EXITS	JSED FOR RETAIL	DISPLAY, CEL	LAR FOR STO	RAGE. TV	WO ENTI	RANCES
2. the licensee	d license will be of the e has complied with all es are now open for bu	l laws of the Co	mmonwealth rel			
SIGNED BY	Individual, Partner or	Authorized Co.	rporate Officer			
DATE:	TELEPHONE :	NUMBER:				ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LI By:	CENSING	G AUTHO	DRITY
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	3EK: 06080005 /		CITY OR TOW	N LEOMINS	OIEK
APPLICATION I	FOR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM DOING BUSINE					
ADDRESS 752 N	N MAIN ST				
CITY/TOWN: I	LEOMINSTER	STATE: MA	ZIP CODE:	01453	
	ROOKS III, OGER H.	TYPE OF LICENSE: Pa	ickage Store	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION (					
ONE STORY BL ONE ENTRANC		ELLING SPACE ON FIRS IT	Γ FLOOR AND C	ELLAR STOR	AGE.
2. the lic	ensee has complie emises are now op	be of the same type for the dwith all laws of the Compen for business (If not expended and expen	nmonwealth relating		
	marviduar, i	arther of Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060800058		CITY OR TOWN	LEOMINST	ER
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS WHITNEY	MALL				
CITY/TOWN: LEOM	IINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: SILVA	, JOSE M. T	YPE OF LICENSE: Pa	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREM	IISES:			
RETAIL ROOM 77X4 EXITS.	0 AND ADDITI	ONAL ROOM FOR S	TOCK 43'X40', FRO	ONT & REAR	
2. the licensee	l license will be on has complied wi	of the same type for the th all laws of the Com- or business (If not expl	monwealth relating t		
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	J800060		CITY OR TO	WN LEOMINS	IEK
APPLICATION FOR RE	NEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: T	& S LIQUORS,IN	NC .			
DOING BUSINESS A					
ADDRESS 104 LANCAS	STER STREET				
CITY/TOWN: LEOMIN	NSTER	STATE: MA	ZIP CODE	E: 01453	
MANAGER: HAZZAR	D, LANCE TYP	E OF LICENSE:Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMIS	ES:			
588 SQ. FT. OF RETAIL	SPAE WITH AI	PPROX. 500 SQ. F	Γ. OF STORAG	E SPACE.	
I hereby certify and swear	•				
		he same type for the	-		
	•	all laws of the Com		ing to taxes; and	
3. the premises a	re now open for b	ousiness (If not expl	ain below)		
SIGNED BY	dividual Dantaan	on Authorized Com	omata Officam		
1110	iividuai, Partiier (	or Authorized Corpo	orate Officer		
DATE:			EMDL	OVED IDENTIFICAT	FIONI NILIMBED.
DITTE.	TELEPHONE	E NUMBER:		OYER IDENTIFICATE $f T$ Individual Social $f S$	
					•
Diagon Charle Delagon					
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
			-		
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)60800061		CITY OR TOWN	LEOMINS	TER
APPLICATION FOR F	RENEWAL:	Annual	Annual LICENSED FO		
		CLASS			YEAR
LICENSEE NAME:	3OURBEAU'S MA	ARKET, INC.			
DOING BUSINESS A					
ADDRESS 192 WATE	ER ST				
CITY/TOWN: LEOM	INSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: GRIMI	EY, JOHN HTYP	PE OF LICENSE: Pac	kage Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LI					
ONE ROOM ON FIRS	T FLOOR, CELLA	AR & STORE-ROOM	IN REAR FOR ST	OCK.	
I hereby certify and swe	ear under penalties	of perjury that:			
		* *	same premises now l		
2. the licensee	has complied with	all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises	are now open for l	business (If not expla	in below)		
SIGNED BY					
]	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:			ION NUMBER:
			(Note: NOT Indi	vidual Social S	ecurity Number)
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:	-		By:		
DISAPPROVED:					
(If disapproved explain	)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060800065		CITY OR TOWN	LEOMINS'	TER
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2		
	CLASS			YEAR
LICENSEE NAME: WYMAN'S LIQ	JORS NORTH, INC			
DOING BUSINESS A				
ADDRESS 18 RAILROAD SQUARE				
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: BROWN, T'ANDREW J.	YPE OF LICENSE: Pack	cage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	IISES:			
ONE STORY CEMENT BLDG WITH AREA, ONE EXIT.SINGLE STORY P RETAIL AREA AND REAR STORAGE	ACKAGE STORE W/2	4 X 30 WALK-IN		
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o		same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for	or business (If not explain	in below)		
SIGNED BY				
Individual, Partn	er or Authorized Corpor	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	INC AUTHO	ODITY
APPROVED:		LOCAL LICENS By:	ING AUTHO	JKII I
DISAPPROVED:		By.		
(If disapproved explain)				
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	EK: 000800000		CITY OR TOWN	LEOMINS	IEK
APPLICATION F	FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
	E: WYMAN'S L SS A WYMAN'S	IQUORS PLEASANT, II LIQUORS	NC.		
ADDRESS 30 PL	EASANT STREE	Γ			
CITY/TOWN: L	EOMINSTER	STATE: MA	ZIP CODE:	01453	
	YMAN, ATRICK J.	TYPE OF LICENSE: Pa	ckage Store (	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	OF LICENSED PR				
		F APPROX. 8750 S/F OF K, 5520 S/F WILL BE W			
	mises are now ope	with all laws of the Com n for business (If not exp	lain below)	to taxes, and	
DATE:	TELEP	HONE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved ex					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060800	JU68	CITY OR TOWN LEOMING	SIEK
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: J. CHA DOING BUSINESS A DESI			
ADDRESS 172 SPRUCE ST	REET		
CITY/TOWN: LEOMINST	ER STATE: MA	ZIP CODE: 01453	
MANAGER:	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
ONE MAIN FLOOR,ONE M	IAIN ENTRANCE AND REAR	EMERGENCY EXIT	
2. the licensee has co	se will be of the same type for the	nmonwealth relating to taxes; and	
SIGNED BY Individ	dual, Partner or Authorized Corp	porate Officer	
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 060800071		CITY OR TOW	N LEOMINS	OIEK
APPLICATION FOI	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	A SENAY PAG	CKAGE & CONVENIE	NCE STORE		
ADDRESS 218 MEG	CHANIC STRE	ET			
CITY/TOWN: LEC	OMINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: BEN CAT	NOS, HLEEN S.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
220 MECHANIC ST STORAGE.	'. BLDG. 56'X1	9 1/2 WITH ONE ENTI	RANCE1 AND ON	NE EXIT, CELL	LAR FOR
	ses are now oper	with all laws of the Conn for business (If not experted and experted are connected as a connected are connected are connected as a connected are connected are connected are connected are con	olain below)	ng to taxes; and	
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	:060800072		CITY OR IC	WIN LEOWIINS	SIEK
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	PANAGIOTIS	DOVRAS			
DOING BUSINESS	A LEOMINSTE	R HOUSE OF PIZZA			
ADDRESS 753 CEN	TRAL STREET				
CITY/TOWN: LEO	MINSTER	STATE: MA	ZIP COD	E: 01453	
MANAGER:	,	ΓΥΡΕ OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRE	MISES:			
CONSISTING OF ST FRONT ENTRANCE		IRST FLOOR, KITCH	EN, DINING A	REA, RESTROO	M,
2. the license	ed license will be the has complied ves are now open  Individual, Par	tities of perjury that: e of the same type for the with all laws of the Confor business (If not expense) there or Authorized Corponents (In the conformal of th	nmonwealth relablain below)  porate Officer  EMPI	ting to taxes; and	
			(Note: No	OT Individual Social S	Security Number)
Acts of 2004, signed	by the building	are in possession (1) t g inspector and the hea e of liquor liability ins	ad of the fire de	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	in)				
1					
DATE:					



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LICENSE NUMBER: 060800074	CI	TY OR TOWN LE	OMINSTER
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: SCORAN,INC. DOING BUSINESS A			
ADDRESS 143 JOSLIN STREET			
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE: 01	1453
MANAGER: DESPRES, SHARONTYPE	OF LICENSE: Restau	rant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMISE	S:		
1000 SQ. FT., KITCHEN, DINING ROOM, DINING AREA AND BAR WITHIN THE PATIO DINING AREARESTAURANT	EXISTING BUILDIN	G AND CREATING	
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the	e same type for the san	ne premises now lice	nsed;
2. the licensee has complied with al		· ·	es; and
3. the premises are now open for bu	usiness (If not explain l	pelow)	
SIGNED BY Individual, Partner or	r Authorized Corporate	Officer	
DATE: TELEPHONE	NUMBER:		NTIFICATION NUMBER: al Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of license 2010.	ector and the head of	the fire department	t for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		OCAL LICENSING	AUTHORITY
DATE:	-		



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LICENSE NUMBER: 00	50800075		CITY OR TOW	N LEUMINSTER
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: B	ISTRO BAR, INC			
DOING BUSINESS A	RYE & THYME A	AMERICAN TAVE	RN	
ADDRESS 14 MONUM	IENT SQ			
CITY/TOWN: LEOMI	NSTER	STATE: MA	ZIP CODE:	01453
MANAGER: COVING MICHAE	· ·	E OF LICENSE: Res	staurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LIC	ENSED PREMIS	ES:		
MAIN FLOOR WITH E STORAGE ROOM AND DOWNSTAIRS LOUNG EXIT	D OFFICE, REST	ROOMS IN BACK,	FRONT AND BA	
I hereby certify and swea	ar under penalties	of perjury that:		
1. the renewed l	icense will be of the	he same type for the	same premises no	ow licensed;
2. the licensee h	as complied with	all laws of the Comm	nonwealth relating	g to taxes; and
3. the premises	are now open for b	ousiness (If not expla	ain below)	
SIGNED BY	ndividual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOY	TER IDENTIFICATION NUMBER:
			(Note: NOT	Individual Social Security Number)
Acts of 2004, signed by	the building ins	pector and the head	l of the fire depa	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	NSING AUTHORITY
(If disapproved explain)				
DATE				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060800077		CITY O	R TOWN	LEOMINS	ΓER
APPLICATION FOR	RENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS			,	YEAR
LICENSEE NAME: DOING BUSINESS A	THE GAZBAR SPO	ORTS GRILL				
ADDRESS 1045 CEN						
CITY/TOWN: LEON	MINSTER	STATE: N	IA ZIP (	CODE:	02202	
MANAGER: GRINE	KIS, ERICA TYPE	OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDRES	SS		
DESCRIPTION OF LI OUTSIDE DINING A AREA, SMALL FUNG REAR EXIT, CELLAI	REA FENCED IN A	T REAR OF E				
2. the licensee	rear under penalties of the license will be of the has complied with a sare now open for be	e same type for ll laws of the C	ommonwealth	relating to		
SIGNED BY	Individual, Partner o	r Authorized Co	orporate Offic	eer		
DATE:	TELEPHONE	NUMBER:				ION NUMBER:
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the l	) the certifica head of the fi	ite require re departn	ed by Chapte nent for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAI By:	L LICENS	ING AUTHO	DRITY
DATE:						



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LICENSE NUMBER: 00	50800080		CITY	Y OR TOWN	LEOMINS	ΓER
APPLICATION FOR R	ENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: O DOING BUSINESS A ADDRESS 895 MERRI		of Florida, L	LC			
CITY/TOWN: LEOMI	NSTER	STATE:	MA Z	ZIP CODE:	01453	
MANAGER: Guilbaul EMAIL ADDRESS:	,	E OF LICEN			ATEGORY:	All Alcohol
DESCRIPTION OF LIC ONE MAIN ROOM, ST EXITS	TORAGE ROOM.	ES: NO CELLAR	a. FRONT EI		D TWO REA	uR
2. the licensee h 3. the premises  SIGNED BY	ar under penalties of the license will be of the license will be of the license with a license of the license with a license of the license o	ne same type all laws of the business (If no	for the same Commonwe ot explain bel	ealth relating to		
DATE:	TELEPHONE	E NUMBER:		EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	pector and th	e head of th	e fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LO By:	CAL LICENS	ING AUTHO	ORITY
DATE:			_			



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LICENSE NU	MBER: 060800081		CITY OR TOWN LEOMIN	STER
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: FOGGIA SOC	CIAL CLUB, INC		
DOING BUSI	NESS A			
ADDRESS				
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER:	RHEAULT, ROLAND	TYPE OF LICENSE: Club	b CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PR			
	D BE LEASED WILL L BE BAR AREA.	BE 40' X 60' AREA TO B	BE USED FOR TWO BOCCE	COURTS
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to taxes; and	i
3. the	premises are now ope	n for business (If not expla	in below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	l Security Number)
Acts of 2004,	signed by the buildir	ng inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 1	ie above
Please Check Belo	<u>DW:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i expiain)			
DATE:				



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LICENSE NUMBER: 06	50800083		CITY OR TO	OWN LEOMINS	TER
APPLICATION FOR RI	ENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: JA	AKE'S PUB INC.				
DOING BUSINESS A	HOT SHOTZ				
ADDRESS 1293 MAIN	ST				
CITY/TOWN: LEOMI	NSTER	STATE: MA	ZIP COL	DE: 01453	
MANAGER: LONG, C	CRAIG TYP	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF LIC					
APPROX 3200 SQ FT V	VITH ENTRANC	CE AND EMERGE	ENCY EXITS		
I hereby certify and swea	ar under nenalties	of perjury that:			
• •	•	the same type for t	he same premise	s now licensed:	
		all laws of the Con	•		
3. the premises	are now open for	business (If not ex	plain below)		
SIGNED BY	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		O SC!		
Ir	idividual, Partner	or Authorized Con	porate Officer		
DATE:	TEI EDUON	E NUMBER:	EMP	LOYER IDENTIFICAT	TION NUMBER:
	IELEFHON	E NUMBER.		OT Individual Social S	
Wo the and one on all of	44.04 4]004 0	i(1)	4]	o and not be Chant	204 of 4h o
We the undersigned, a Acts of 2004, signed by		•			
named license and (2) of 2010.	the certificate of	liquor liability in	surance require	ed by Chapter 116	of the Acts
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapproved expiain)					
DATE:					



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LICENSE NUMBER:	)60800088		C	ITY OR TO	WN LEOMINS	STER
APPLICATION FOR I	RENEWAL:	Annual		LI	CENSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME:	SCOREBOARDS	SPORTS BAR &	& GRILI	L, INC.		
DOING BUSINESS A						
ADDRESS 137 LANC	ASTER ST					
CITY/TOWN: LEOM	IINSTER	STATE:	MA	ZIP COD	E: 01453	
MANAGER: DONA	HUE, KEVIN TY	PE OF LICENSI	E:General premis		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR V	WEBSITE AND ENTER Y	OUR EMAII	ADDRESS		
DESCRIPTION OF LI						
ONE STORY BUILDI	NG APPROX 18	34 SQFT WITH .	BAR, D	INING ARE	EA AND KITCHI	EN
2. the licensee	ear under penaltie l license will be of has complied wit s are now open fo	f the same type for	Commor	wealth relat		
SIGNED BY	Individual, Partne	er or Authorized (	Corporat	e Officer		
DATE:	TEI EDUOI	NE NUMBER:		EMPI.	OYER IDENTIFICA	TION NUMBER:
	TELEFTIO	NE NUMBER.			<u>T</u> Individual Social	
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	by the building in	nspector and the	head of	the fire de	partment for the	e above
Please Check Below:			]	LOCAL LIC	CENSING AUTH	IORITY
APPROVED:	٦		]	Ву:		
DISAPPROVED: [If disapproved explain	]					
(11 disapproved explain	7					
DATE:						



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LICENSE NUMBER	<b>C:</b> 060800090		CITY OR TOWN LEOWING	SIEK
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	PAISANOS PI	ZZA, INC.		
DOING BUSINESS	A			
ADDRESS 450 LAN	NCASTER ST			
CITY/TOWN: LEC	OMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: IACA FRA	ABONI, NK JR.	TYPE OF LICENSE: F	Restaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF		UR WEBSITE AND ENTER YOUR MISES:	R EMAIL ADDRESS	
I hereby certify and s	swear under pena	lties of perjury that:		
1. the renew	ed license will be	e of the same type for the	he same premises now licensed;	
2. the licens	ee has complied v	with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premi	ses are now open	for business (If not ex	plain below)	
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed	d by the building	g inspector and the he	the certificate required by Chap ead of the fire department for the surance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	лш)			
DATE:			<del></del>	
APPLICATION FOR RENEV	WAL MUST BE FILED	BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NU	MBER: 060800091		CITY OR TOWN LEOMINS	STER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI	AME: C & M PIZZ NESS A CENTRAL STREE	,		
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER:	BILODEAU, DANIEL	TYPE OF LICENSE: R	destaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISTI N OF LICENSED PI	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
1. the 2. the	renewed license will licensee has complie	* *	ne same premises now licensed; mmonwealth relating to taxes; and plain below)	
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060800092		CITY OR TOWN LEOMIN	NSIEK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	PEPPER DINING			
DOING BUSINESS A	A CHILI'S GRILL & B.	AR		
ADDRESS 42 ORCH	ARD HILL PARK DRI	(VE		
CITY/TOWN: LEO!	MINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: HALL	, MICHAEL TYPE O	OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES	:		
I horoby cartify and sy	vear under penalties of j	pariury that		
			same premises now licensed;	
		• •	nonwealth relating to taxes; ar	nd
	es are now open for bus		=	
SIGNED BY				
	Individual, Partner or A	Authorized Corpor	rate Officer	
D.A.TE				
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
			(Note: NOT marvidual Soci	ar Security Number)
			certificate required by Cha	
			of the fire department for trance required by Chapter 1	
of 2010.	, , , , , , , , , , , , , , , , , , , ,		4	
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explai	n)			<del></del>
DATE:				
·- <del></del> -				



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LICENSE NUN	MBER: 060800093		CITY OR TOWN	LEOMINS	ΓER
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	ME: VETTESE,ING	C.			
DOING BUSIN	IESS A TURNOUT	VARIETY			
ADDRESS 636	MAIN STREET				
CITY/TOWN:	LEOMINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER:	VETTESE, ANGELO	TYPE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		ı
DESCRIPTION	OF LICENSED PRE	EMISES:			
approx 7344 sf	of space with one han	dicapped accessible entra	nce in front of store,	one exit at re	ear/side
2. the 1 3. the p	icensee has complied	e of the same type for the with all laws of the Comr n for business (If not expla	nonwealth relating to		
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED.	D:		By:		
(If disapproved					
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	(A)



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LICENSE NU	MBEK: 060800094		CITY OR TO	JWN LEOM	IINSTER
APPLICATIO	ON FOR RENEWAL:	Annual	L	ICENSED FO	R 2013
		CLASS			YEAR
LICENSEE N	AME: CLUB 54, IN	C			
DOING BUSI	INESS A CLASSIC'S	PUB			
ADDRESS 28	35 CENTRAL ST				
CITY/TOWN	: LEOMINSTER	STATE: MA	ZIP COI	DE: 01453	
MANAGER:	BEAUREGARD, WAYNE R.	TYPE OF LICENSE: C	General on oremise	CATEGOI	RY: All Alcohol
EMAIL ADD	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTIO	ON OF LICENSED PR	EMISES:			
	ding licensed on the fir 1300 sq ft of usage.	rst floor, one exit, entran	ce in front and i	ear. Two bathr	rooms. One
	1300 sq 1t of usage.				
I hereby certif	y and swear under pen	alties of perjury that:			
1. the	renewed license will b	be of the same type for the	he same premise	es now licensed	l;
2. the	licensee has complied	l with all laws of the Cor	mmonwealth rel	ating to taxes;	and
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:			TICATION NUMBER:
			(Note: N	OI Individual So	cial Security Number)
Acts of 2004,	, signed by the buildin	e are in possession (1) ng inspector and the he ate of liquor liability in	ad of the fire d	epartment for	the above
Please Check Bel	low:		LOCAL LI	CENSING AU	THORITY
APPROVED:			By:		
DISAPPROV					
(If disapprove	d explain)		-		
			-		
DATE:					
<i>ν</i> , 11 <i>ν</i> ,					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 060800096		CIT	Y OR TOWN	LEOMINS'	ΓER
APPLICATION FO	R RENEWAL:	Annua	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 40 MAII	N STREET					
CITY/TOWN: LEC	OMINSTER	STATE:	MA Z	ZIP CODE:	01453	
MANAGER: DE A	AMICIS, TYP PHANIE L	PE OF LICENS	SE: Restaura	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL AE	DDRESS		<u>.</u>
	LICENSED PREMIS					
	FT WITH ENTRANC NG FOR 20 IN THE				OF PREMIS	E.
I hereby certify and	swear under penalties	of perjury that	t:			
1. the renew	ved license will be of	the same type i	for the same	premises now	licensed;	
2. the licens	see has complied with	all laws of the	Commonwe	ealth relating t	to taxes; and	
3. the premi	ises are now open for	business (If no	t explain be	low)		
SIGNED BY	Indiaideal Dagen	A 4h	Camanata (	)(C:		
	Individual, Partner	or Authorized	Corporate C	JIIIcer		
DATE:				EMBLOVEI		ION NUMBER
DATE.	TELEPHON	E NUMBER:			R IDENTIFICAT dividual Social S	
Acts of 2004, signe	ed, attest that we are d by the building ins (2) the certificate of	spector and th	e head of th	ie fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By	:		
DISAPPROVED:	<u> </u>					
(If disapproved explain	ain)					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:060800098		CITY OR TOWN	LEOMINS	TER
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AFSA CORP	ORATION			
DOING BUSINESS A	A TEDESCHI	FOOD SHOPS			
ADDRESS 766 CEN	TRAL STREE	Т			
CITY/TOWN: LEO	MINSTER	STATE: MA	ZIP CODE:	01453	
MANAGER: ULLA MOH	AH, AMMAD	TYPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					]
F	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PR	EMISES:			
		S-STORY MASONRY I RGENCY DOOR. REA			
I hereby certify and sv	wear under pen	alties of perjury that:			
1. the renewe	ed license will l	be of the same type for t	he same premises nov	v licensed;	
2. the license	e has complied	l with all laws of the Co	mmonwealth relating	to taxes; and	
3. the premis	es are now ope	en for business (If not ex	plain below)		
SIGNED BY	Individual Da	outnou ou Authorized Co	marata Offican		
	marviauai, Pa	artner or Authorized Con	porate Officer		
DATE:			EMPLOYE	D IDENTIFICAT	TION NUMBER:
DATE.	TELEP	HONE NUMBER:			Security Number)
					•
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	$\neg$		By:		
DISAPPROVED: (If disapproved explain	 in)				
(ii disappioved expia	III <i>)</i>				
DATE:					



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LICENSE NUMBE	K: 060800100		CITY OR TOWN LEOMINS	IEK
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	: ANTHONY NGU	YEN		
DOING BUSINESS	S A			
ADDRESS 814-822	2 N. MAIN STREET			
CITY/TOWN: LE	OMINSTER	STATE: MA	ZIP CODE: 01453	
	UYEN, TΥ ΓΗΟΝΥ	PE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			1
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION OF	LICENSED PREMI	ISES:		
1500 SQ. FTFROM	NT ENTRANCE/EX	IT. HANDICAP BAT	THROOMS. REAR EXIT IN KIT	CHEN
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renev	wed license will be of	the same type for the	same premises now licensed;	
2. the licens	see has complied with	h all laws of the Com	monwealth relating to taxes; and	
3. the prem	ises are now open for	r business (If not expl	ain below)	
SIGNED BY  DATE:		r or Authorized Corp	orate Officer  EMPLOYER IDENTIFICAT	TION NUMBER:
	122211101	ETTOMBER.	(Note: NOT Individual Social S	Security Number)
Acts of 2004, signe	ed by the building in	spector and the hea	e certificate required by Chapt d of the fire department for the trance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: [] (If disapproved expl	lain)			
(II disappioved expi	<i>,</i>			
				_
DATE:				



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LICENSE NUMBER: 060800103		CITY OR TOWN LEOMINSTER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: TEXAS ROADHO	OUSE HOLDINGS LL	C	
DOING BUSINESS A TEXAS ROAD!	HOUSE		
ADDRESS 196 NEW LANCASTER RO	OAD		
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER: DICKEY, TY	PE OF LICENSE: Rest	caurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
FULL SERVICE RESTAURANT WITH PATIO 465 SQ FT PATIO WAS ON OF FENCED IN W/ A GATE FOR EXIT OF DOOR OF THE RESTAUTANT.	RIGINAL PLANS VU	Γ SQ FT WAS LEFT OFF PATIO IS	
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	f the same type for the s	same premises now licensed;	
2. the licensee has complied wit	h all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open fo	r business (If not explain	in below)	
SIGNED BY Individual, Partne	r or Authorized Corpor	rate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building ir	spector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:	
(If disapproved explain)			
(approp.mm)			
DATE:			



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LICENSE NUME	BER: 060800105		CITY OR TO	NWC	LEOMINS'	TER
APPLICATION I	FOR RENEWAL:	Annual	L	LICENSED FOR 2013		013
		CLASS				YEAR
LICENSEE NAM	IE: THE LUXURY B	OX RESTAURA	NT CORPORATI	ON		
DOING BUSINE	SS A THE LUXURY	BOX				
ADDRESS 899 C	CENTRAL STREET					
CITY/TOWN: L	EOMINSTER	STATE:	MA ZIP COI	DE:	01453	
H &	OSHUA TY ILLMAN KENNETH ICKER	PE OF LICENSE	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YO	OUR EMAIL ADDRESS			
DESCRIPTION (	OF LICENSED PREM	ISES:				
	GLE STORY RESTAU Y SPRINKLED.TO AI					
I hereby certify ar	nd swear under penaltie	es of perjury that:				
1. the ren	newed license will be or	f the same type fo	r the same premise	es now	licensed;	
2. the lice	ensee has complied wit	h all laws of the C	Commonwealth rela	ating to	taxes; and	
3. the pre	emises are now open fo	r business (If not	explain below)			
SIGNED BY	Individual, Partne	er or Authorized (	Corporate Officer			
DATE:	TELEPHO	NE NUMBER:				TION NUMBER: ecurity Number)
Acts of 2004, sig	gned, attest that we are gned by the building it and (2) the certificate o	aspector and the	head of the fire d	epartr	nent for the	above
Please Check Below:			LOCAL LI	CENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	xplain)		<del></del>			
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060800106	C	ITY OR TOWN LEOMINSTER		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: TANG DYNA	ASTY, INC			
DOING BUSINESS A TANG DYN	ASTY			
ADDRESS 638 NORTH MAIN ST				
CITY/TOWN: LEOMINSTER	STATE: MA	ZIP CODE: 01453		
MANAGER: TANG, DEIIN	TYPE OF LICENSE: Restau	urant CATEGORY: All Alcohol		
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICENSED PR	EMISES:			
FULL SERVICE RESTAURANT W	/ITH BAR			
I hereby certify and swear under pena	alties of perjury that:			
1. the renewed license will b	be of the same type for the same	me premises now licensed;		
2. the licensee has complied	with all laws of the Commor	nwealth relating to taxes; and		
3. the premises are now oper	n for business (If not explain	below)		
SIGNED BY				
Individual, Pa	artner or Authorized Corporat	te Officer		
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the building	ng inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060800108	CIT	TY OR TOWN	LEOMINS'	ΓER
APPLICATION FOR RENEWAL:	Annual LIC		CENSED FOR 2013	
	CLASS			YEAR
LICENSEE NAME: HALSDORFF ENTERP	RISES INC.			
DOING BUSINESS A AL DENTE PIZZERIA	& RESTAURANT	Γ		
ADDRESS 23 SACK BLVD				
CITY/TOWN: LEOMINSTER S'	TATE: MA	ZIP CODE:	01453	
MANAGER: HALSDORFF, TYPE OF KIMBERLY	F LICENSE: Restaur	rant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
2400 SQ FT WITH A SEATING CAPACITY		REAR ENTRA	NCE/EXITS	
I hereby certify and swear under penalties of pe 1. the renewed license will be of the sa	•	e premises now	licensed:	
2. the licensee has complied with all la		_		
3. the premises are now open for busin		_	,	
	` 1	,		
	1			
SIGNED BY				
SIGNED BY Individual, Partner or Au				
Individual, Partner or Au				
	uthorized Corporate	Officer		ION NUMBER:
Individual, Partner or Au	uthorized Corporate	Officer		
Individual, Partner or Au	athorized Corporate  MBER:  ossession (1) the ceror and the head of	Officer  EMPLOYER (Note: NOT Ind	ividual Social S  ed by Chapte  nent for the	er 304 of the above
DATE:  TELEPHONE NU  We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo	uthorized Corporate  MBER:  essession (1) the cer or and the head of or liability insurance	Officer  EMPLOYER (Note: NOT Ind	ividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: TELEPHONE NU  We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.  Please Check Below: APPROVED:	onthorized Corporate  OMBER:  Ossession (1) the certor and the head of or liability insurance	EMPLOYER (Note: NOT Indestrificate required the fire department of the required by the fire department of the fire	ividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE:  TELEPHONE NU  We the undersigned, attest that we are in portion Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	onthorized Corporate  OMBER:  Ossession (1) the certor and the head of or liability insurance	Officer  EMPLOYER (Note: NOT Indestrict required the fire department required by the control of the fire department required by the fire department required b	ividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
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DATE:  TELEPHONE NU  We the undersigned, attest that we are in portion Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	onthorized Corporate  OMBER:  Ossession (1) the certor and the head of or liability insurance	Officer  EMPLOYER (Note: NOT Indestrict required the fire department required by the control of the fire department required by the fire department required b	ividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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LICENSE NU	MBER: 060800109		CITY OR TOWN LEOMIN	STER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: ATHEN'S PI	ZZA & RESTAURANT, I	NC	
DOING BUSI	NESS A			
ADDRESS 52	25 MAIN ST			
CITY/TOWN	: LEOMINSTER	STATE: MA	ZIP CODE: 01453	
MANAGER:	GLIMENAKIS, WILLIAM	TYPE OF LICENSE: Re	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED P			
2700 SF FREI EXIT	ESTANDING BUILE	DING WITH 3 ENTRANC	ES AND EXIT AND ONE ADI	DITIONAL
I hereby certif	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	d with all laws of the Com	nonwealth relating to taxes; and	l
3. the	premises are now op	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	, signed by the build	ing inspector and the head	e certificate required by Chap d of the fire department for th arance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROV. (If disapprove				
(11 disappiove	а слрівііі)			
DATE:				